



Elaine F. Marshall, Secretary of State  
**State Agency Amendment 2016**

**Previous Registration Information**

State Agency: \_\_\_\_\_

Physical Business Address of State Agency: \_\_\_\_\_

Name and Title of State Agency's Authorized Officer: \_\_\_\_\_

Mailing Address of State Agency's Authorized Officer: \_\_\_\_\_

Telephone No. of State Agency's Authorized Officer: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address of State Agency's Authorized Officer: \_\_\_\_\_

**Amended Registration Information**

Physical Business Address of State Agency: \_\_\_\_\_

Name and Title of State Agency's Authorized Officer: \_\_\_\_\_

Mailing Address of State Agency's Authorized Officer: \_\_\_\_\_

Telephone No. of State Agency's Authorized Officer: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address of State Agency's Authorized Officer: \_\_\_\_\_

**Certification of Amendment**

I hereby certify that all information disclosed in the "State Agency Amendment Statement" is true, complete, and correct in accordance with G.S. §120C-206(c).

\_\_\_\_\_  
Signature of Authorized Officer

\_\_\_\_\_  
Date

**Preparer Information if Other than Authorized Officer**

\_\_\_\_\_  
Signature of Preparer

\_\_\_\_\_  
Date